FILEP 12 FEH 2: LIEBUSEC-ORM

# UNITED STATES DISTRICT COURT DISTRICT OF OREGON PORTLAND DIVISION

| DENNIS RUSSELL HOOPER                 | Civil Case No. 1:12CV297.CL            |
|---------------------------------------|--|
|                                       | (to be assigned by Clerk of the Court) |
| (Enter full name of plaintiff(s))     |  |
|                                       | COMPLAINT                              |
| Plaintiff(s),                         |  |
| V.                                    | Jury Trial Demanded  ✓ Yes ☐ No        |
| UNITED STATES OF AMERICA              | <u> </u>                               |
|                                       |  |
| (Enter full name of ALL defendant(s)) |  |
| Defendant(s).                         |  |

# I. PARTIES

List your name, address, and telephone number below, and the same information for each defendant. Make sure that the defendant(s) listed below are identical to those contained in the caption of the complaint. Attach additional sheets of paper if necessary.

| Plaintiff | Name: DENNIS RUSSELL HOOPER                       |  |
|-----------|---|--|
|           | Street Address: P.O. BOX 2054                     |  |
|           | City, State & Zip Code: ROGUE RIVER, Oregon 97537 |  |
|           | Telephone No. 541-582-1920                        |  |

| Defe            | ndant No. 1   | Name: UNITED STATES OF AMERICA c/o Attorney General   |
|-----------------|---|---|
|                 |   | Street Address: 950 Pennsylvania Ave., NW.  |
|                 |   | City, State & Zip Code: Washington, DC. 20530-0001  |
|                 |   | Telephone No. 202-514-2001  |
| Defe            | ndant No. 2   | Name:   |
|                 |   | Street Address:   |
|                 |   | City, State & Zip Code:   |
|                 |   | Telephone No.   |
| Defe            | ndant No. 3   | Name:   |
|                 |   | Street Address:   |
|                 |   | City, State & Zip Code:   |
|                 |   | Telephone No.   |
| Defe            | ndant No. 4   | Name:   |
|                 |   | Street Address:   |
|                 |   | City, State & Zip Code:   |
|                 |   | Telephone No.   |
|                 |   | II. JURISDICTION  |
| partio<br>quest | al court: cases<br>es. A case inv<br>ion case. A ca | rts are courts of limited jurisdiction. Only two types of cases can be heard in a involving a federal question and cases involving diversity of citizenship of the olving the United States Constitution or federal laws or treaties is a federal se in which a citizen of one state sues a citizen of another state and the amount is more than \$75,000 is a diversity of citizenship case. |
| A.              | What is the   | basis for federal court jurisdiction (check all that apply)   |
|                 | Federal Q   | uestion Diversity of Citizenship  |

| B.   | If the basis for jurisdiction is Federal Question, what federal Constitutional, statutory, or treaty right is at issue? |  |  |  |
|--|---|--|--|--|
| Freedom of Information Act: Federal Tort Claims Act: Health Insurance Portability and Accountability Act: Veteran's Health Administration Handbook 1605-1(16-05) |   |  |  |  |
| С.   | If the basis for jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party?              |  |  |  |
|  | Plaintiff(s) state of citizenship   |  |  |  |
|  | Defendant(s) state(s) of citizenship  |  |  |  |

### III. STATEMENT OF CLAIMS

#### Claim I

State here as briefly as possible the <u>facts</u> of your case. Describe how each defendant was involved, when the conduct occurred, and any injuries you have suffered as a result. It is not necessary to give any legal arguments or cite any cases or statutes.

On August 24, 2011. Department of Veteran's Affairs denied plaintiff's Administrative Tort Claim (021B:14484). This claim stems from a Veteran's Administration employee, stationed at the White City, Oregon facility, disseminating personal and medical information from plaintiff's V.A. file. The information given to a Medford (Oregon), police officer, violated the Health Insurance Portability and Accountability Act (HIPPA), and the Veteran's Health Administration Handbook. The personal and medical information were divulged without a warrant or subpoena. The information transmitted via telephone during a routine traffic stop, was not requested for a focused civil or criminal investigation or other legitimate governmental reason. This information was misinterpreted and abused by the local law enforcement agency. As a direct result of this information being shared with a local police officer, plaintiff's received a traffic citation and plaintiff's vehicle was impounded. Due to the impoundment of plaintiff's vehicle, plaintiff was left at the side of the road in his wheelchair with his luggage and leptop. Plaintiff's vehicle was slightly damaged during the towing. Plaintiff had to reside temporarily in a homeless shelter because plaintiff was traveling and residing in his vehicle. Plaintiff also had to pay a fine, court costs, and towing/impound fees.

# IV. RELIEF

State <u>briefly</u> exactly what you want the court to do for you and the amount, if any, of monetary compensation you are seeking. Make no legal arguments. Cite no cases or statutes.

| Plaintiff requests a court order preventing the Veteran's Administration from disseminating any personal/medical information for law enforcement purposes, without following established guidelines contained in the HIPPA, FOIA, and the Veteran's Health Administration Handbook. |  |
|---|--|
| Plaintiff is also seeking a monetary judgement of \$9,000.00  |  |
|   |  |
|   |  |
|   |  |
|   |  |
| I declare under penalty of perjury that the foregoing is true and correct.  Signed this 20 day of February , 2012.  |  |

(Signature of Plaintiff(s))